p.02

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Under the paperwork Reduction Act of 1999, no p	U.S. Pater	t and Trademark Office: U.S. Di	PTO/SB/22 (12-04) 07/31/2005. OMB 0651-0031 EPARMENT OF COMMERCE 5 9 vslid OMB control number	
PETITION FOR EXTENSION OF TIM		Docket Number (Optionai)] .
FY 2005	;	CARDIN BEAT	- (7)7	REALINED
(Fees pursuant to the Consolidated Appro	4	0.212-2		NTO THE CENTER
	OPU SANTA SA A GO	Filed 5127	12000 C	
For INTERPET DENCE	OPERMIUN FOR MED			JAN 1 2 2005
Art Unit 2-153		Examiner SHNANA		
This is a request under the provisions of 3 application.	7 CFR 1.136(a) to extend the perio	d for filing a reply in the a	loove identified	
The requested extension and fee are as for	blows (check time period desired a	nd enter the appropriate f	ee below):	
	Fee	Small Entity Fee	60	
One month (37 CFR 1.17(a))	(1)) \$120	\$60	s <u>erc</u>	1
Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$	
Three months (37 CFR 1.17)	(a)(3)) \$1020	\$510	\$	
Four months (37 CFR 1.17(a	a)(4)) \$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$	
Applicant claims small entity status. S	iee 37 CFR 1.27.			
A check in the amount of the fee is	s enclosed.			
→ → Payment by credit card. Form PT(D-2038 is attached.			
The Director has already been au		polication to a Deposit	Account.	
The Director is hereby authorized				
Deposit Account Number	to charge any rees which have	enclosed a duplicate of	copy of this sheet.	
WARNING: Information on this form ma Provide credit card information and aut	ry become public. Credit card inform horization on PTO-2038.	ution should not be include	ed on this form.	
I am the intermediate applicant/inventor.				
Statement under	of the entire interest. See 37 CF r 37 CFR 3.73(b) is enclosed (F	om PTO/SB/96).		
attorney or agent of	record. Registration Number	12, 76	-	
attorney or agent ui	nder 37 CFR 1.34. If acting under 37 CFR 1.34			
		dia la	Sant	
		Da	ta	
DULLATION	1 GNICSZUS	1002-46	3-2010	
Typed or printer	and the second s	Telephone		
NOTE: Signetures of all the inventors or assignees of		stive(s) are required. Submit mu	Riple forms if more than one	
signature is required, see bolow.				
Total of This collection of information is required by 37 CFR 1.13	forms are submitted. 38(a). The information is required to obtain or	retain a benefit by the public wh	ich is to file (and by the	1
USPTO to process) an application. Confidentiality is po complete, including patheting, preparing, and submitting comments on the amount of time you require to complete U.S. Patient and Trademark Office. U.S. Department of FORMS TO THIS ADDRESS. SEND TO: Commission	werned by 35 U.S.C. 122 and 37 CFR 1.11 a g the completed application form to the USPT te this form and/or suggestions for reducing ti Commerce, P.O. Box 1450. Alexandria, VA 2	nd 1.14. This collection is estima O. Time will vary depending up nis burden, should be sent to the 2313-1450. DO NOT SEND FEI	ated to take 6 minutes to on the Individual cace. Any Chief Information Officer.	
	ence in completing the form, call 1-800-PTO -	9199 and select option 2.		
60.00 OP				

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